

Evaluating and Reporting on Management Control System

VULNERABILITY ASSESSMENT QUESTIONNAIRE
ANALYSIS OF GENERAL CONTROL ENVIRONMENT

Division/School/Office _____

N/A – Not Applicable

Program/Administrative
Function _____

1 – Yes/Lo

2 - Don't Know/Med

3 - No/Hi

	N/A	1	2	3	Source Documentation Explanation
A. <u>Management Attitude</u>					
1. Is Management of this assessable unit aware of the importance of management controls as they relate to this unit?					
2. Has Management communicated that importance to employees in the unit?					
3. In the past year, has Management specifically reviewed management controls to assure they're working?					
B. <u>Organizational Structure</u>					
1. Does the unit have clearly written goals and objectives?					
2. Does the unit have necessary authority to meet those goals/objectives?					
3. Is the unit held accountable for the results of its operations?					
C. <u>Personnel</u>					
1. Is the code of conduct for Employees brought to employees' attention at least annually?					
2. Does each employee have an accurate And up-to-date position description?					
3. Do performance standards include management control considerations?					
4. In addition to the annual performance appraisal, is there interim appraisals/counseling?					
5. Has there been training on management controls for key members of the unit?					

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	N/A	1	2	3	Source Documentation Explanation
D. <u>Delegation and Communication of Authority and Responsibility</u>					
1. Do delegations of authority exist in writing?					
2. Do they clearly outline duties, authority, and responsibilities (including any limitations thereof)?					
3. Do they prevent overlapping, duplications, and conflicts of duties, authority, responsibility?					
4. Do they grant sufficient authority to carry out the responsibilities?					
E. <u>Policies and Procedures</u>					
1. Are policies and procedures clearly stated in writing and organized in manuals, handbooks, or other?					
2. Are they communicated throughout the assessable unit?					
3. Are they consistent with applicable laws, regulations, and policies prescribed by higher levels?					
4. Are they easy to locate at all times?					
5. Are they current at this time?					
6. Are they structured to avoid over-lap, duplication, and conflict?					
F. <u>Planning, Budget, and Reporting</u>					
1. Does the approved budget become the operating plans and the standard against which performance can be measured? (If agree, F2-5).					
2. Are plans and budget effectively communicated throughout the unit?					
3. Are expenditure reports available for comparison to the budget?					
4. Do managers in the unit make the comparison referred to in 3 above?					
5. Are expenditure reports accurate and timely?					

ANALYSIS OF GENERAL CONTROL ENVIRONMENT

	N/A	1	2	3	Source Documentation Explanation
G. <u>Organization Checks and Balances</u>					
1. Is there an established program of internal audits for this unit?					
2. Are program or activity reviews made at reasonable intervals?					
3. Are review recommendations acted upon in a timely fashion?					
4. Are contracts or cooperative agreements audited regularly by a third party?					
H. <u>IT Considerations</u> Note: if this assessable unit uses a terminal or other IT equipment, answer the following questions: otherwise, mark this entire section "N/A"					
1. Are security measures in effect which limit the use of other IT equipment to authorized personnel?					
2. Are published instructions and procedures available to the user or operator of this equipment?					
3. Are controls used to assure that only approved input is accepted in the system?					
4. Are physical security measures present for the protection of the equipment during both office hours and non-office hours?					
I. <u>Other Factors</u> Note: This section, if applicable, is to be filled in by the reviewer with questions (and related answers) specific to this assessable unit.					
1. _____					
2. _____					
3. _____					
4. _____					

Form VA-1

ANALYSIS OF GENERAL CONTROL ENVIRONMENT

J. Scoring Recap

	Number of		Point Value
Yes	=	_____	x 1 = _____
Don't Know	=	_____	x 2 = _____
No	=	_____	x 3 = _____
Total	=	_____ (A)	_____ (B)

AVERAGE = (B) _____ ÷ (A) _____ = * (to Form VA-4)

* Round to the nearest hundredth (0.00)

K. CERTIFICATION

I certify that the information in this section of the questionnaire is complete, accurate, and supported by adequate documentation. I have provided an explanation for questions scored "Don't Know" and "No" and an action plan to correct deficiencies.

Preparer

Title

Date

ANALYSIS OF INHERENT RISK

Division/School/Office _____

Program/Administrative _____

Function _____

N/A – Not Applicable

1 – Yes/Lo

2 – Don't Know/Med

3 – No/Hi

	N/A	1	2	3	Source Documentation Explanation
A. Purpose and characteristics					
1. Does this assessable unit have clear and concise regulations and/or legislative authority?					
2. Place an "x" in the column which best describes unit's degree of technical/administrative complexity.					
3. Place an "x" in the column which describes unit's time constraints.					
4. This assessable unit:					
a. Does not handle cash?					
b. Is not involved in the payment of monies					
c. Is not involved with issuing licenses or permits.					
d. Is not involved in approval applications					
e. Is not involved in enforcement					
B. Budget Level					
NOTE: For this section only, place the "x" as directed below.					
1. This assessable unit's operating budget is:					
a. Under \$1 Mil (put "x" under 1)					
b. From \$1.5 Mil (put "x" under 2)					
c. Over \$5 Mil (put "x" under 3)					
2. This unit safeguards tangible assets (excluding land) of:					
a. Under \$100,000 (put "x" under 1)					
b. \$100,000-500,000 (put "x" under 2)					
c. Over \$500,000 (put "x" under 3)					
C. Impact Outside GPSS					
1 Are the activities of this unit relatively free of concern by any outside interest groups?					

Form VA-2

Evaluating and Reporting on Management Control System _____

ANALYSIS OF INHERENT RISK

	N/A	1	2	3	Source Documentation Explanation
C. <u>Impact Outside GPSS</u>, continued					
2 Would the general public be relatively disinterested in the activities of this unit?					
3 Businesses or other non-governmental organizations provide little or no goods or service to this unit?					
D. <u>Age and Life Expectancy</u>					
1 Has this unit been in existence for more than two years?					
2 This unit has not undergone reorganization in the past two years.					
3 There are no known plans for phasing out this unit during the next two years?					
E. <u>Degree of Centralization</u>					
1 Is the degree of centralization appropriate as pertains to the functions of this unit?					
F. <u>Special Concerns</u>					
1 During the past two years, this unit has not been subject to special attention by any of the following:					
a. GPSS					
b. Deadlines set by legislation					
c. Director of ABC Supply Depot					
d. Litigation					
e. Media					
G. <u>Prior Reviews</u>					
1 Has this assessable unit been reviewed/audited by internal auditors or external auditors within the past two years?					
2 If the answer to G-1 was "yes", were the findings of the review team repeated?					
3 Did the audit or review disclose that previously identified problems were corrected?					

Form VA-2

Evaluating and Reporting on Management Control System

ANALYSIS OF INHERENT RISK

	N/A	1	2	3	Source Documentation Explanation
G. <u>Prior Reviews</u>, continued 4 During the past five years, audits, or whistle blower complaints have not uncovered losses due to fraud, waste, abuse.					
H. <u>Management Responsiveness</u> 1 Is Management timely and thorough in its corrective actions taken in response to audit findings?					
2 Is a tracking system used to closely monitor unresolved/open audit recommendations?					
3 Is resolution of all audits recommendations achieved within 60 days from the date of the audit report?					
4 Do management reports reflect a positive attitude toward the audit functions?					
I. <u>Special Concerns</u> Note: This section, if applicable, is to be filled in by the reviewer with questions (and related answers) specific to this assessable unit.					
1. _____ _____ 2. _____ _____ 3. _____ _____ 4. _____ _____					

ANALYSIS OF INHERENT RISK

J. Scoring Recap

Number of			Point Value		
Yes	=	_____	x	1	= _____
Don't Know	=	_____	x	2	= _____
No	=	_____	x	3	= _____
Total	=	_____	(A)		_____ (B)

AVERAGE = (B) _____ ÷ (A) _____ = * (to Form VA-4)

* Round to the nearest hundredth (0.00)

K. CERTIFICATION

I certify that the information in this section of the questionnaire is complete, accurate, and supported by adequate documentation. I have provided an explanation for questions scored "Don't Know" and "No" and an action plan to correct deficiencies.

Preparer

Title

Date

Evaluating and Reporting on Management Control System

PRELIMINARY EVALUATION OF SAFEGUARDS

Division/School/Office _____

N/A – Not Applicable

Program/Administrative

1 – Yes/Lo

Function _____

2 - Don't Know/Med

3 - No/Hi

	N/A	1	2	3	Source Documentation Explanation
A. <u>Control Objectives</u>					
1 Have control objectives been established in writing for this unit?					
2 Are employees in this unit fully aware of the control objectives?					
3 Are control objectives reviewed and updated whenever changes are made in the unit?					
B. <u>Existence and Adequacy of Controls</u>					
1 Does it appear that there are sufficient controls in place in this unit?					
2. Do controls appear to be cost beneficial?					
3 Does it appear that the controls are working as intended?					
4. Are complaints from outside organizations or internal "foul ups" analyzed by management to determine if they result from a control weakness or too many controls?					
5. Are employees encouraged to suggest ways to improve controls?					

C. Scoring Recap

Number of		Point Value	
Yes	= _____	x 1	= _____
Don't Know	= _____	x 2	= _____
No	= _____	x 3	= _____
Total	= _____	(A)	_____ (B)

AVERAGE = (B) _____ ÷ (A) _____ = * (to Form VA-4)

* Round to the nearest hundredth (0.00)

D. **CERTIFICATION**

I certify that the information in this section of the questionnaire is complete, accurate, and supported by adequate documentation. I have provided an explanation for questions scored "Don't Know and "No" and an action plan to correct deficiencies.

Preparer _____

Title _____

Date _____

OVERALL VULNERABILITY ASSESSMENT

Division/School/Office _____

Program/Administrative
Function _____

A. VULNERABILITY SCORING:

Scoring Element	Score Source	Score	Vulnerability
1. Evaluation of control environment	Form VA-1	<u> </u> a	<u> </u> (Per Table 1 below)
2. Analysis of Inherent Risk	Form VA-2	<u> </u> b	<u> </u> (Per Table 1 below)
3. Preliminary Evaluation of Safeguards	Form VA-3	<u> </u> c	<u> </u> (Per Table 1 below)
OVERALL VULNERABILITY ASSESSMENT		<u> </u> a+b+c	<u> </u> (Per Table 2 below)

TABLE 1

1.00 – 1.30 = LO
1.31 – 1.60 = MED
1.61 + = HI

TABLE 2

3.00 – 3.75 = LO
3.76 – 4.50 = MED
4.51 + = HI

If OVERALL VULNERABILITY is Medium or HI, managers are to include a memorandum to the Internal Audit Office.

1. A copy of this form.
2. Actions planned (a detailed management control review) or a sufficient justification for not performing a detailed review.

OVERALL VULNERABILITY ASSESSMENT

B. AUTHENTICATIONS:

1. I certify that the information in this questionnaire is complete, accurate, and supported by adequate documentation as noted for all "Yes" answers. I have provided an explanation for questions scored "Don't Know" and "No" and an action plan to correct deficiencies.

Preparer

Title

Date

2. I have reviewed this questionnaire and I am in concurrence with the response and scoring.

Based on the overall assessment rating of MEDIUM or HIGH:

☐ A. I have directed the supervisor to conduct a detailed management control review or alternate management review.

☐ B. I do not feel that a detailed review is required for the following reason (s).

Preparer's Supervisor

Title

Date

1. Self-Assessment Area:

2. Responsible POC:

3. Brief Description of Self-Assessment Area:

4. Strengths and Innovation:

5. Weakness and Opportunities for Improvement:

6. Performance Measures:

INTERNAL CONTROL ENVIRONMENT
School Site Control Self-Assessment Survey Questions

School Site Location: _____

Please circle "yes" or "no" to indicate the correct answer for each questions (*).

1. Has responsibility been assigned to specific staff members for payroll, purchasing and accounts payable, fixed assets, and student activity funds?	YES	NO
2. Are the staff members assigned these responsibilities properly trained?	YES	NO
3. Are they performing the functions properly?	YES	NO
4. Has a back-up been identified for each purpose?	YES	NO
5. Has the back ups been trained?	YES	NO
6. Have they actually performed the function?	YES	NO
7. Do you avoid the use of signature facsimile stamps?	YES	NO
8. Do you complete an exit clearance checklist for each employee who leaves?	YES	NO
9. Do you have a process to ensure that any important performance information on employees who leave your site is recorded so that it is available if the employee applies to other site in the district?	YES	NO
10. Do you receive and review the reports for administrators that are listed under Section B – Payroll and Leave, and Section C – Purchasing and Accounts Payable?	YES	NO
11. Do you make certain that new employees are made aware of the Ethics Line Program?	YES	NO
12. Do you actually have all employees identified by Human Resource sign the Conflict of Interest Statement?	YES	NO
13. Have you followed up on any situations where employees identified on actual or potential conflict?	YES	NO
14. Have you developed an informal succession plan for key leadership positions?	YES	NO
15. If your school has a PTA or PTO organization, do you ensure it follows good financial control practices (such as requiring dual signatures on all checks and presenting monthly or other periodic Treasurer's report)?	YES	NO
16. Have you resolved all open audit findings from internal or external audits to ensure they are not repeated?	YES	NO
17. Do you prohibit loans from an SAF account?	YES	NO
18. Does the Principal review each disbursement for appropriateness prior to signing the check?	YES	NO
19. Do you require that teacher appreciation gifts be purchased only from a sunshine fund or vending machine fund?	YES	NO
20. Do your require that faculty refreshments be purchased only from a sunshine fund or vending machine fund?	YES	NO
21. Do you print out a sponsor's report for each fund on a monthly basis?	YES	NO
22. Do the respective sponsors sign the report on a monthly basis?	YES	NO

(*) FOR EACH "NO" ANSWER, PLEASE PROVIDE AN EXPLANATION OR NOTE THE CORRECTIVE ACTION THAT WILL BE TAKEN: